

Palliative Care Center

Implementation of Telehealth in a Safety-Net Palliative Care Clinic

Ashima Lal1, Olayinka Ogunmoyero, Azariah Terrell, Paul DeSandre ¹ Emory University School of Medicine 2 Grady Memorial Hospital

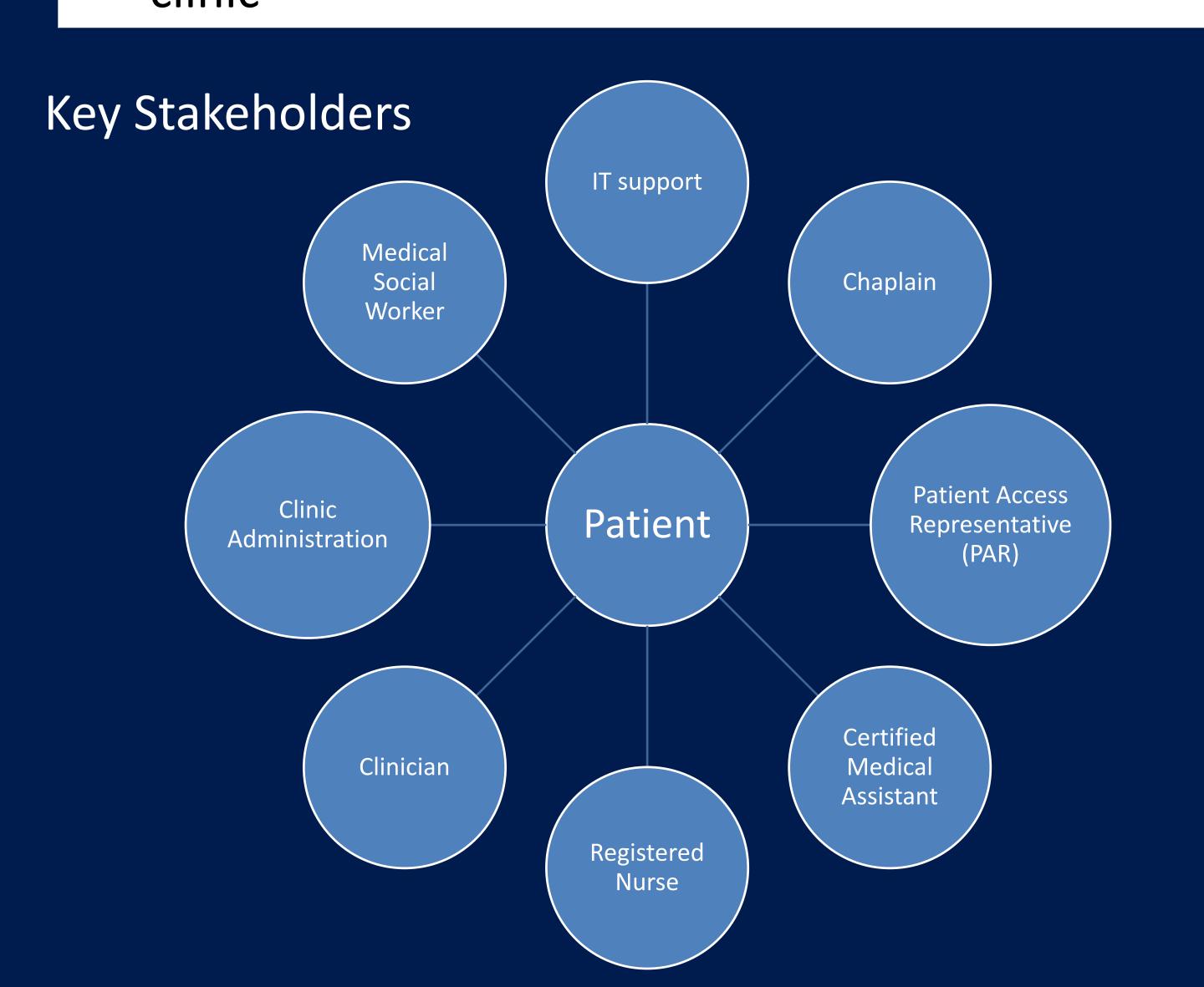


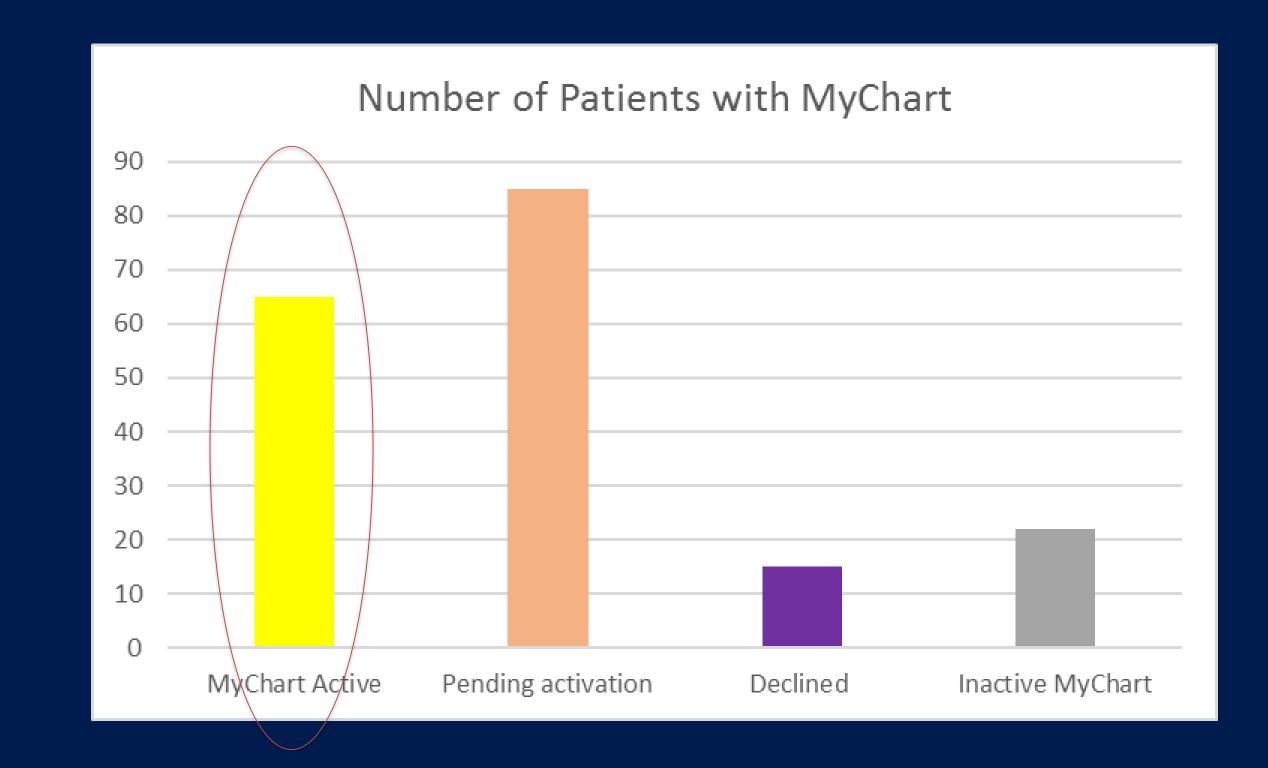
Introduction

- As a safety-net hospital in the Southeast with limited use of telehealth, the COVID-19 pandemic created pressure to care for patients virtually.
- Palliative Care (PC) teams have used telehealth to support patient care in maintaining the necessary complex communication and symptom management remotely.
- Our goal was to develop a new telehealth PC clinic embedded in the cancer center

Objectives

- Identify stakeholders in the development of a PC telehealth clinic
- Design a PC telehealth clinic in a safety-net setting to expand services
- Examine barriers to implementing a telehealth clinic





Operational Workflow For Pilot Tele-Palliative Clinic

36 Potential Visits

Logistics:

- An additional half day clinic was held on the second Wednesday/month
- Addition of 1 telehealth slot/half day
- All providers and clinic staff underwent training
- Telehealth visits started first with follow-ups, with only 9% of patients with active MyChart accounts interested in participating

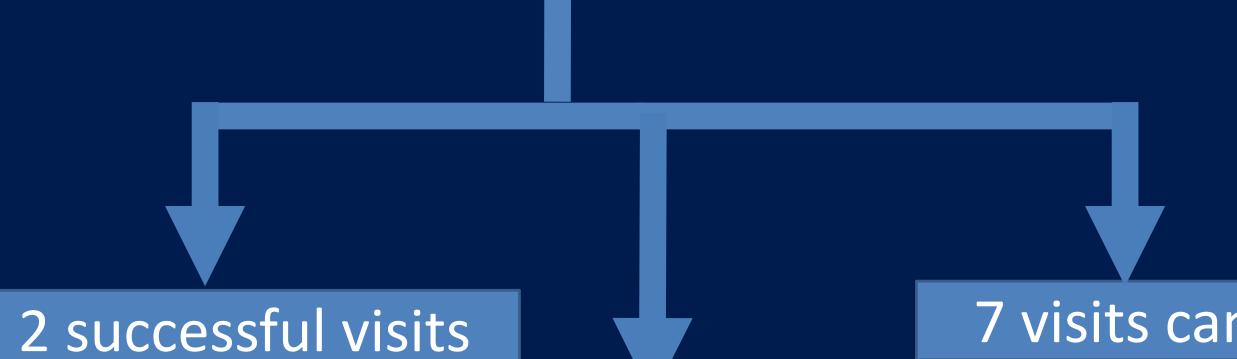
Exclusion Criteria:

- Patient/Provider request in-
- Patient has not been seen for >3 months
- Resident of healthcare facility or stretcher transport required
- Concern for OUD or high risk opioid misuse
- Initial visit for patients on opioids Technological requirements

cannot be met

13 Patients Scheduled

PAR calls 2 hours prior



7 visits cancelled

*Pre-visit

Planning*

4 no-show

Patient Barriers Clinical Barriers

- Limited availability of a device with camera
- Inadequate internet bandwidth or data access for a video visit
- Inability to interface with necessary software applications
- MyChart activation

- Identification of appropriate patients Provider and patient
 - buy-in Lack of resources
 - and/or staffing to complete scheduling and operational workflow
 - Opioid prescriptions and urine drug screens

Conclusion

- Using video telehealth is challenging in our safety-net institution.
- We will need to leverage available resources to facilitate a structured pre-visit planning point of contact to minimize cancellations and allow for appropriate rescheduling.
- We will attempt to enroll more patients in MyChart with the development of a tipsheet
- The pandemic has shed light on multiple healthcare disparities. Video telehealth appears to add to the many forms of access limitations and difference in care for a particularly vulnerable population.